

Dept. of Assessments King County Admin Bldg 500 Fourth Ave., Room 740 Seattle, WA 98104-2384 206-296-3920

## **SENIOR CITIZEN & DISABLED PERSONS REDUCTION IN PROPERTY TAXES**

File Application with King County Assessor for taxes due in 2014 per RCW 84.36

	You will be notified within 4 to 6 weeks O	NLY IF YO	our application i	SDE	NIED. PLEASE PRINT TO	JR INFO	RIVIATIO	<u>N.</u>	
1.	I am applying for a senior citizen or disabled exemption and certify the following: (mark appropriate boxes).								
	☐ I currently <b>own and occupy</b> this property as my principal residence as of December 31, 2013.								
	I am or will be 61 years of age or older on or before December 31, 2013. Please attach proof of age -i.e. driver's license.								
	☐ I am <b>disabled and unable</b> to work by reason of my disability. Attach a current physician's statement attesting to your disability if under the age of 61 or attach a copy of your <b>SSI award letter.</b>								
	☐ I am a veteran with a service-connected disability. Attach a copy of your VA award letter.								
	☐ My spouse or domestic partner was previously approved for an exemption <b>AND</b> I am at least 57 years old.								
<b>2</b> .	Birthdate: Spouse/ Domestic Partner Birthdate: Date Property Purchased / Occupied:								
3.	Ownership Type:   Owner / Occupant   Lease for Life/ Life Estate/Trust – (See Page 2)								
Enter your parcel number:									
	INCLUDE ALL TAXABLE AND NON-TAXABLE INCOME of claimant, spouse/domestic partner and co-tenant and								
4.	attach documents to this a								
	Total Earned Wages	\$			lic Assistance or Alimony Rec'd		\$		
	NET Social Security (less medicare)	\$		Money received from another Country		try _	\$		
	VA Benefit or **Disability Income	isability Income \$		Money received from family		_!	\$		
	Retirement and Pension Income	d Pension Income \$		_ Money earned by a CO-Tenant			\$		
	IRA or Annuity Disbursements	\$		Any	other financial resources	_!	\$		
	Unemployment Income Taxable & Non-Taxable	\$			SUB TOTAL OF INCOME: \$				
	Interest or Dividends (Schedule B)	\$		LES	S DOCUMENTED NON REIME	BURSE	D EXPEN	ISES	
	Business Income before Depreciation	\$			arding House or Adult Family H	ome _	-		
	Capital Gains ( <b>DO NOT</b> deduct ANY Capital Losses)	\$			Home Care or sing Home Expenses		-		
	Rental Income before Depreciation	\$		- No	n-Reimbursed Prescription Co-	Pay _	-		
	Trust, Partnership, Estate or Royalty	\$		- Non-Reimbursed Prescription Costs		ts _	-		
	Taxable & Non-Taxable Bonds	\$		Deductions on IRS return (lines 23-35)			-		
	TOTAL NET 2013 INCOME: \$								
If you do not file an IRS tax return, please provide year end financial statements									
_	OL: U.N.	Spouse/Domestic Partner/Co				o-Tenant	name		
5.	Claimant's Name:								
	Property Address:								
	City, State, Zip:		Phone #:						
Any exemption granted through willfully providing erroneous information shall be subject to the correct tax being assessed for the last three (3) years, plus a 100% penalty, (RCW 84.40.130). I declare under the penalties of perjury,									
that all of the fore-going statements are true.  Your signature must be witnessed by two (2) people OR by one (1) commissioned Deputy Assessor.									
	2.5		\	5	( ,				
Claimant's Signature		Date Signed	Wit	ness Signature	nature		gned		
			-		•			_	
Deputy Assessor			Date Signed	Wit	ness Signature	gnature		gned	
				For department u	For department use only:				
				Reviewer: Seg N	eeded?	Yes	No		

Level = S

Denied

Approved

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## **INSTRUCTIONS**

Your claim is being filed with the King County Assessor's office for taxes payable in **2014** under the requirements of RCW 84.36. It will take 4 – 6 weeks to process your application. If you think you may qualify for any of the three (3) prior years, please call our office or visit our website to obtain additional applications. For each year you wish to be considered for a reduction, <u>you must supply applications with appropriate documentation attached.</u> For taxation purposes, the assessed value of the residence will be frozen at the level of the first year you qualify for exemption. You will still receive annual market value increase notices.

## INSTRUCTION NUMBERS BELOW CORRESPOND TO THE NUMBERS ON THE FRONT OF THIS FORM.

- 1. Mark all boxes that apply to you. If you are **disabled and <u>under</u> 61 years of age**, you **MUST** supply us with a current, physician signed disability form indicating the year the disability occurred, the type of disability and whether the disability is temporary or permanent. **Or**, you may provide a copy of your SSI or VA award letter.
- **2.** Fill in your birth date, spouse/domestic partner birth date and the date you purchased <u>and</u> occupied your residence. Attach a copy of your driver's license or other document verifying your age.
- **3.** Type of ownership: Check the box that pertains to you. If you have a life estate, lease for life, or trust you **must attach a copy** of the recorded deed, lease or trust to verify the type of ownership.
- 4. Income and Expense Section: Copies of documents showing ALL your income and deduction sources MUST be attached or your claim WILL NOT be processed. ALL income must be disclosed whether federally taxable or not and whether reported on your tax return. Income from \*co-tenants, who live with you, and domestic partners must also be included. For example social security payments are considered income for this exemption program. Please provide a complete copy of IRS Returns with all schedules attached. retirement / pension statements, bond statements, annuity statements, social security statements, monies contributed to your household by others, unemployment compensation, public assistance, disability payments, alimony, VA Benefits, (\*\*The following types of VA compensation are EXCLUDED: disability, dependency and indemnity, medical-aid and attendant care), investment gains, trust or royalty disbursements, IRA disbursements, partnership disbursements, capital gains and business or rental income. Per RCW 84.36.383(5)4(b) and (c) capital losses and depreciation expenses are not deductible.

Non-reimbursed licensed nursing home, boarding home or adult family home expenses, including non-reimbursed medication expense for the claimant or a spouse/domestic partner may be deducted from gross income. Documented Non-reimbursed in-home care for the claimant or spouse/domestic partner may be deducted. Items such as oxygen, Meals on Wheels, special needs furniture, attendant care and light housekeeping may be deducted from gross income with receipts. It is not a requirement that in-home care providers be specially licensed. Non-reimbursed prescription drug costs may be deducted. Verification must be provided for all claimed expenses.

5. Name/Address/Signature: Enter your full name, address, phone number and spouse/domestic partner's name. Sign this document before two witnesses and have the witnesses sign the form. A Power of Attorney must be attached if someone other than claimant is filing and signing the application.

## THIS CLAIM IS SUBJECT TO AUDIT BY THE DEPARTMENT OF REVENUE

**IF APPROPRIATE**, on back years, this application will serve as a Request for Refund. A refund petition will be prepared and mailed to you at a later date. **IF** you receive the refund petition, please SIGN IT and RETURN IT IMMEDIATELY. Your current year billing will receive an adjustment to reflect your exemption.

For additional information or to download forms, visit our website at:

www.kingcounty.gov/assessor/forms

This material is available, upon advance request, in an alternate format for individuals with disabilities by calling TTY 800-833-6388.

KING COUNTY DEPARTMENT OF ASSESSMENTS
Exemptions Unit
500 - 4TH AVENUE, RM 740, SEATTLE, WA 98104-2384
206-296-3920

<sup>\*</sup>A **co-tenant** is a person who resides with the claimant **AND** has ownership interest in the residence. Co-tenant income information **must** be provided if they reside with you. To be considered a domestic partner, as defined in WAC 458-16A-100 and RCW 26.60, a valid state registered domestic partnership certificate is required. Domestic partnership income information must be provided with this application.